

For City Use Only:

Permit Number:		Date Stamp
Associated Permit Number:		

Please read and follow all instructions on your application, submittal checklists and/or applicable supplemental forms carefully. Staff will not process incomplete applications. Please print or type legibly.

Check all that apply:			
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial / Multi Family	<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> New Construction
<input type="checkbox"/> Addition	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Repair
<input type="checkbox"/> Sign	<input type="checkbox"/> Fire Suppression / Sprinkler	Other:	

<input type="checkbox"/> Demolition	SPCC (Spill Prevention, Control and Countermeasures Plan)
	SWPPP (Storm Water Pollution Prevention Plan)
The SPCC & SWPPP document can be obtained online at http://www.lynnwoodwa.gov/City-Services/Environmental--Surface-Water-and-Storm-Water/Environmental-Documents-and-Reports.htm	

Contract Value (Excluding Sales Tax)	\$
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SITE INFORMATION:

Site Address:	
Scope of Work:	

PROPERTY OWNER INFORMATION:

Property Owner(s) Name:	
Address, City, State & Zip:	
Email Address:	
Contact Phone Number:	

TENANT/OCCUPANT INFORMATION:

Tenant/Occupant Name:	
Address, City, State & Zip:	
Email Address:	
Contact Phone Number:	

CONTRACTOR INFORMATION:

Contractor Name:	
Address, City, State & Zip:	
Email Address:	
Contact Phone Number:	
State Contractor's License Number (L&I)	
City of Lynnwood Business License Number:	

PRIMARY CONTACT INFORMATION:

Contact Person Name:	
Address, City, State & Zip:	
Email Address:	
Contact Phone Number:	

ARCHITECT / **ENGINEER INFORMATION:**

Contact Person Name:	
Address, City, State & Zip:	
Email Address:	
Contact Phone Number:	

PLUMBING FIXTURES / CONTRACT VALUE

Fees for single-family or duplex residential buildings are calculated by the number of fixtures. The first 4 fixtures are 175.00 and any fixtures over 4 is \$15.00 per fixture.

Fees for all other buildings, including but not limited to commercial, institutional, or residential complexes of 3 units or more, are all calculated by contract amount.

PLUMBING FIXTURES / CONTRACT VALUE CONTINUED

Plumbing Contract Value - Commercial Only		\$
Qty. _____ Water Closet (Toilet)	Qty. _____ Floor Sink	Qty. _____ Slop Sink
Qty. _____ Lavatory (Bathroom Sink)	Qty. _____ Floor Drain	Qty. _____ Urinal
Qty. _____ Kitchen Sink / Disposal	Qty. _____ Bath Tub	Qty. _____ Backflow Devices
Qty. _____ Dishwasher	Qty. _____ Shower	Qty. _____ Rainwater System
Qty. _____ Lawn Sprinkler System	Qty. _____ Laundry Tray	Qty. _____ Drinking Fountain
Qty. _____ Clothes Washer	Qty. _____ Electric Water Heater	Qty. _____ Industrial Waste Pretreat
Qty. _____ Drainage / Vent Pipe	Qty. _____ Hose Bibs	Qty. _____ Medical Gas Piping
Qty. _____ Vacuum Breakers	Qty. _____ Water Piping	Qty. _____ Other

MECHANICAL FIXTURES / CONTRACT VALUE

Fees for single-family or duplex residential buildings are calculated by the number of fixtures. The first 4 fixtures are 175.00 and any fixture over 4 is \$15.00 per fixture.

Fees for all other buildings, including but not limited to commercial, institutional, or residential complexes of 3 units or more, are all calculated by contract amount.

Mechanical Contract Value – Commercial Only		\$
Qty. _____ Furnace (up to 100,000 BTU)	Qty. _____ Gas Water Heater	
Qty. _____ Furnace (100,000 BTU or above)	Qty. _____ Suspended / Wall / Floor Heater	
Qty. _____ Heat Pump / AC to 3hp/100,000 BTU	Qty. _____ Heating and Refrigerator Unit	
Qty. _____ Heat Pump / AC to 15hp/500,000 BTU	Qty. _____ Evaporative Cooler	
Qty. _____ Boilers/Compressors to 3hp/100,00 BTU	Qty. _____ Ventilation System	
Qty. _____ Boilers/Compressors to 15hp/500,000 BTU	Qty. _____ Ventilation Fan	
Qty. _____ Boilers/Compressors to 30hp/1,000,000 BTU	Qty. _____ Exhaust Hood	
Qty. _____ Boilers/Compressors to 50hp/1,750,000 BTU	Qty. _____ Gas Stove Top	
Qty. _____ Boilers/Compressors > 50hp/1,750,000 BTU	Qty. _____ Gas Piping	
Qty. _____ Air Handler to 10,000 cfm	Qty. _____ Gas Dryer	
Qty. _____ Air Handler over 10,000 cfm	Qty. _____ Fireplace / Insert	
Qty. _____ Incinerator – Domestic	Qty. _____ Appliance / Dryer Vent	
Qty. _____ Incinerator – Commercial/Industrial	Qty. _____ Other Appliance	

NOTICE / ACKNOWLEDGEMENT

- I am the owner or the owner's agent and have permission to apply for this permit.
- I am aware that my permit will become null and void if the authorized work has not been inspected within 180 calendar days of issuance or for a period of 180 calendar days from the last inspection.
- I am aware that a one-time extension may be granted if a written request is submitted in writing/email to the building official showing just cause, prior to the expiration date.
- I have read and examined this application and know the information provided to be true and correct.

Print Name of Owner/Agent: _____

Date: _____

Signature of Owner/Agent: _____

Date: _____